

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Name: Vanessa Eileen Arnold

Case No.: 13-53104

DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:

Amendment to Petition:

Name Debtor(s) Mailing Address Alias
 Signature Complying with Order Directing the Filing of Official Form(s)

Summary of Your Assets and Liabilities and Certain Statistical Information

Statement of Financial Affairs

Schedules and List of Creditors:

Schedule A/B
 Schedule C Debtor 2 Schedule C
 List of Creditors Schedule D Schedule E/F and
 Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$30.00 Fee Required**, or
 Change address of a creditor already on the List of Creditors - **No Fee Required**
 Schedule G
 Schedule H
 Schedule I
 Schedule J
 Schedule J-2

NOTE: Use Page 2 for any corrections or additions to the List of Creditors.

Additional Details of Amendment(s):

DECLARATION OF ATTORNEY: I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.	
Date April 13, 2016	Signature /s/ Brian P. Dunne
AFFIRMATION OF DEBTOR(S): I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief.	
Date April 13, 2016	Signature /s/ Vanessa Eileen Arnold

CORRECTIONS TO THE LIST OF CREDITORS

Use this section of the form to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITOR:

PLEASE CHANGE TO:

-NONE-

ADDITIONS TO THE LIST OF CREDITORS

Use this section to identify creditors added to the schedules and List of Creditors.

NAME OF CREDITOR: IRS - Internal Revenue Service

ADDRESS: Attn: Bankruptcy Dept.
P.O. Box 7346
Philadelphia, PA 19101-7346

NAME OF CREDITOR: Michigan Department of Treasury-CD

ADDRESS: Attn: Bankruptcy Dept.
PO Box 30199
Lansing, MI 48909

NAME OF CREDITOR: Michigan Dept. of Treasury - Tax Div.

ADDRESS: Attn: Litigation Liaison
2nd Floor, Austin Building
430 West Allegan Street
Lansing, MI 48922

NAME OF CREDITOR: U.S. Attorney, Detroit Office

ADDRESS: Attn: Civil Division
211 W. Fort Street Suite 2001
Detroit, MI 48226

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

Fill in this information to identify your case:

Debtor 1	Vanessa Eileen Arnold		
	First Name	Middle Name	Last Name
Debtor 2	(Spouse if, filing)		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>			
Case number (if known)	<u>13-53104</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS - Internal Revenue Service Priority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number <u>3359</u>	<u>\$11,442.00</u>	<u>\$11,442.00</u>	<u>\$0.00</u>
		When was the debt incurred?	<u>2013-2015</u>		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Federal Income Taxes</u>			

2.2 **Michigan Department of Treasury-CD**
 Priority Creditor's Name
Attn: Bankruptcy Dept.
PO Box 30199
Lansing, MI 48909

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 3359 \$600.00 \$600.00 \$0.00When was the debt incurred? 2013-2015**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

State Income Taxes**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **Capital One Bank**
 Nonpriority Creditor's Name
Attn: Bankruptcy Dept.
PO Box 30281
Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 7417**Total claim** \$2,400.00When was the debt incurred? 2005**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card or Credit Use

Debtor 1 Vanessa Eileen Arnold

Case number (if known)

13-53104

4.2

Capital One Bank

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.
PO Box 30281**Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1514\$750.00

When was the debt incurred?

2010

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card or Credit Use

4.3

DMC Rehabilitation Institute of Michigan

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.**Department 5128****Carol Stream, IL 60122**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6605\$355.00

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical / Dental Services

4.4

First National Bank of Omaha

Nonpriority Creditor's Name

Att: Bankruptcy Dept**PO Box 3412****Omaha, NE 68103**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6251\$1,300.00

When was the debt incurred?

2012

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card or Credit Use

Debtor 1 Vanessa Eileen Arnold

Case number (if known)

13-53104

<div style="border: 1px solid black; padding: 2px;">4.5</div> <p>GE Capital Retail Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 960061 Orlando, FL 32896-0661 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	<p>Last 4 digits of account number <u>9517</u> <u>\$1,550.00</u></p> <p>When was the debt incurred? <u>2012</u></p> <p>As of the date you file, the claim is: Check all that apply</p>
<p>Kohl's/Capital One Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 3115 Milwaukee, WI 53201 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	
<p>Macy's Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 8218 Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	

Debtor 1	Vanessa Eileen Arnold	Case number (if known)	13-53104
4.8	Target Credit/TD Bank USA Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 673 Minneapolis, MN 55440	Last 4 digits of account number	5565
		When was the debt incurred?	2010
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	

4.9	Wells Fargo Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 182789 Columbus, OH 43218	Last 4 digits of account number	9850	\$1,600.00
		When was the debt incurred?	2009	
		As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Credit Card or Credit Use <input checked="" type="checkbox"/> Other. Specify - The Avenue		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Michigan Dept. of Treasury - Tax Div. Attn: Litigation Liaison 2nd Floor, Austin Building 430 West Allegan Street Lansing, MI 48922	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.2 of (Check one):	<input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Name and Address U.S. Attorney, Detroit Office Attn: Civil Division 211 W. Fort Street Suite 2001 Detroit, MI 48226	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.1 of (Check one):	<input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. **Domestic support obligations**

6b. **Taxes and certain other debts you owe the government**

6c. **Claims for death or personal injury while you were intoxicated**

6d. **Other.** Add all other priority unsecured claims. Write that amount here.

Total Claim	
6a.	\$ 0.00
6b.	\$ 12,042.00
6c.	\$ 0.00
6d.	\$ 0.00

6e. **Total Priority.** Add lines 6a through 6d.

6e.	\$ 12,042.00
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Total claims from Part 2

6f. **Student loans**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

Total Claim	
6f.	\$ 0.00
6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 12,005.00
6j.	\$ 12,005.00

Fill in this information to identify your case:

Debtor 1	Vanessa Eileen Arnold
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN
Case number (if known)	13-53104

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Disabled

Employer's name

Employer's address

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	------------------------------------------

2. **List monthly gross wages, salary, and commissions (before all payroll deductions).** If not paid monthly, calculate what the monthly wage would be.

2. \$ **0.00** \$ **N/A**

3. **Estimate and list monthly overtime pay.**

3. +\$ **0.00** +\$ **N/A**

4. **Calculate gross Income.** Add line 2 + line 3.

4. \$ **0.00** \$ **N/A**

	For Debtor 1	For Debtor 2 or non-filing spouse
4. Copy line 4 here	\$ <u>0.00</u>	\$ <u>N/A</u>

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

5a.	\$ <u>0.00</u>	\$ <u>N/A</u>
5b.	\$ <u>0.00</u>	\$ <u>N/A</u>
5c.	\$ <u>0.00</u>	\$ <u>N/A</u>
5d.	\$ <u>0.00</u>	\$ <u>N/A</u>
5e.	\$ <u>0.00</u>	\$ <u>N/A</u>
5f.	\$ <u>0.00</u>	\$ <u>N/A</u>
5g.	\$ <u>0.00</u>	\$ <u>N/A</u>
5h.+	\$ <u>0.00</u> + \$	\$ <u>N/A</u>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ <u>0.00</u>	\$ <u>N/A</u>
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8b. Interest and dividends

8b.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8d. Unemployment compensation

8d.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8e. Social Security

8e.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8g. Pension or retirement income

8g.	\$ <u>0.00</u>	\$ <u>N/A</u>
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8h. Other monthly income. Specify: Long Term Disability

8h.+	\$ <u>2,229.39</u> + \$	\$ <u>N/A</u>
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9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ <u>2,229.39</u>	\$ <u>N/A</u>
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10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ <u>2,229.39</u>	+ \$	\$ <u>N/A</u>	= \$ <u>2,229.39</u>
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11.	+\$	<u>0.00</u>
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12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$ <u>2,229.39</u>
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Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 **Vanessa Eileen Arnold**

Debtor 2 _____
(Spouse, if filing) _____

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number **13-53104**
(If known) _____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. **Does Debtor 2 live in a separate household?**
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for
Debtor 2.

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on *Schedule I: Your Income*
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **472.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **50.00**
4d. \$ **0.00**
5. \$ **0.00**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>225.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>230.00</u>
	6d. Other. Specify:	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>350.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>80.00</u>	
10. Personal care products and services	10. \$ <u>45.00</u>	
11. Medical and dental expenses	11. \$ <u>20.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>185.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>200.00</u>	
15d. Other insurance. Specify:	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>267.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify:	17c. \$ <u>0.00</u>	
17d. Other. Specify:	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify:	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>Haircuts</u>	21. +\$ <u>20.00</u>	
Postage	+\$ <u>4.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>2,198.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,198.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,229.39</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,198.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>31.39</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

IRS - Internal Revenue Service
Attn: Bankruptcy Dept.
P.O. Box 7346
Philadelphia, PA 19101-7346

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Attn: Bankruptcy Dept.
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Lansing, MI 48909

Michigan Dept. of Treasury - Tax Div.
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